County: Barron RICE LAKE CONVALESCENT CENTER 1016 LAKESHORE DRIVE RICE LAKE 54868 Phone: (715) 234-9101
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 90
Total Licensed Bed Capacity (12/31/00): 99
Number of Residents on 12/31/00: 76 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 79

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	42. 1 35. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 9	Under 65	3.9	More Than 4 Years	22. 4
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	27. 6 2. 6	65 - 74 75 - 84	6. 6 36. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	40.8	**********	******
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer	2.6 2.6	95 & 0ver	11. 8	Full-Time Equivaler Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	6.6		100. 0	(12/31/00)	.si delles
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	10. 5 7. 9	65 & 0ver	96. 1	 RNs	11. 2
Referral Service	No	Di abetes	5. 3	Sex	%	LPNs	3. 9
Other Services	No	Respiratory Other Medical Conditions	2. 6 27. 6	 Male	25. 0	Nursing Assistants Aides & Orderlies	30. 8
Provide Day Programming for Mentally Ill	No	other medical conditions	27.0	Fennale	75. 0	Ardes & orderries	30. 6
Provi de Day Programming for	3.7		100. 0		100.0		
Developmentally Disabled ************************************	No	 ************************	******	 * * * * * * * * * * * * * * * * * *	100.0	 *************************	******

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Priv			Private Pay			Manageo	d Care	Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	3	100 0	\$102. 76	3	5. 5	\$102. 25	1	100. 0	\$112. 69	0	0. 0	\$0.00	0	0. 0	\$0.00	7	9. 2%
Skilled Care	ŏ			45	81.8	\$87. 89	Ō	0.0	\$0.00	12		\$103.00	ŏ	0. 0	\$0.00	57	75. 0%
Intermedi ate				7	12. 7	\$73. 53	0	0.0	\$0.00	5	29. 4	\$93.00	0	0.0	\$0.00	12	15. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		55	100. 0		1	100. 0		17	100.0		0	0.0		76	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services	, and Activities as of	12/31/00
Deaths During Reporting Period				0/	Needi ng		Total
Percent Admissions from:		Activities of	0/6		stance of	% Totally	Number of
Private Home/No Home Health	7. 7	Daily Living (ADL)	Independent		r Two Staff	Dependent	Resi dents
Private Home/With Home Health	9. 8	Bathi ng	0. 0	one o	89. 5	10. 5	76
Other Nursing Homes	0.0	Dressi ng	10. 5		81. 6	7. 9	76 76
Acute Care Hospitals	79. 7	Transferring	35. 5		46. 1	18. 4	76
Psych. Hosp MR/DD Facilities	0.0	Toilet Use	26. 3		53. 9	19. 7	76
Rehabilitation Hospitals	0. 0	Eating	81. 6		13. 2	5. 3	76
Other Locations	2.8	********	******	******	******	*************	************
Total Number of Admissions	143	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	9. 2	Recei vi ng	Respiratory Care	13. 2
Private Home/No Home Health	13. 3	Occ/Freq. Incontinent	of Bladder	35. 5	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	25. 9	Occ/Freq. Incontinent	of Bowel	17. 1		Suctioning *	0. 0
Other Nursing Homes	9. 1	_				Ostomy Care	2. 6
Acute Care Hospitals	19. 6	Mobility			Recei vi ng	Tube Feeding	1. 3
Psych. HospMR/DD Facilities	0. 7	Physically Restrained	i	1. 3	Recei vi ng	Mechanically Altered D	0i ets 19. 7
Reĥabilitation Hospitals	28 . 0						
Other Locations	3. 5	Skin Care				nt Characteristics	
Deaths	0. 0	With Pressure Sores		0.0		ce Directives	90. 8
Total Number of Discharges		With Rashes		19. 7	Medi cati ons		
(Including Deaths)	143				Recei vi ng	Psychoactive Drugs	48. 7
**********	*****	*********	*********	*****	*******	********	*******

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Ownership: This Proprietary Facility Peer Group		Bed	Si ze:		ensure:				
	Thi s			50-	. 99	Ski l	l ed	Al l			
	Facility			Peer	Group	Peer	Group	Faci l	ities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	79. 8	83. 7	0. 95	86. 6	0. 92	87. 0	0. 92	84. 5	0. 94		
Current Residents from In-County	73. 7	75. 1	0. 98	69. 4	1.06	69. 3	1.06	77. 5	0. 95		
Admissions from In-County, Still Residing	14. 7	18. 7	0. 78	19. 5	0. 75	22. 3	0. 66	21. 5	0. 68		
Admissions/Average Daily Census	181. 0	152. 8	1. 18	130. 0	1. 39	104. 1	1. 74	124. 3	1.46		
Discharges/Average Daily Census	181. 0	154. 5	1. 17	129. 6	1.40	105. 4	1. 72	126. 1	1.44		
Discharges To Private Residence/Average Daily Census	70. 9	59. 1	1. 20	47. 7	1. 49	37. 2	1. 91	49. 9	1.42		
Residents Receiving Skilled Care	84. 2	90. 6	0. 93	89. 9	0. 94	87. 6	0. 96	83. 3	1.01		
Residents Aged 65 and Older	96. 1	95. 0	1. 01	95. 4	1.01	93. 4	1.03	87. 7	1. 10		
Title 19 (Medicaid) Funded Residents	72. 4	65. 4	1. 11	68. 7	1.05	70. 7	1. 02	69. 0	1.05		
Private Pay Funded Residents	22. 4	23. 2	0. 96	22. 6	0. 99	22. 1	1.01	22. 6	0. 99		
Developmentally Disabled Residents	3. 9	0.8	5. 05	0. 7	5. 52	0. 7	5. 53	7. 6	0. 52		
Mentally Ill Residents	30. 3	31.4	0. 96	35. 9	0.84	37. 4	0. 81	33. 3	0. 91		
General Medical Service Residents	27. 6	23. 2	1. 19	20. 1	1. 37	21. 1	1. 31	18. 4	1.50		
Impaired ADL (Mean)	41. 1	48. 9	0.84	47. 7	0.86	47. 0	0.87	49. 4	0.83		
Psychological Problems	48. 7	44. 1	1. 10	49. 3	0. 99	49. 6	0. 98	50. 1	0. 97		
Nursing Care Required (Mean)	7. 1	6. 5	1. 08	6. 6	1.08	7. 0	1.00	7. 2	0. 99		